

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/582606  
FILING DATE  
APPLICANT(S)

CLAIMS

	CLAIMS					
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
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47						
48						
49						
50						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	
TOTAL CLAIMS	████████	████████	████████	████████	████████	████████

  

	CLAIMS			
	AS FILED	AFTER 1 <sup>st</sup> AMENDMENT	AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
62				
63				
64				
65				
66				
67				
68			1	
69				1
70				1
71				1
72				1
73				1
74				1
75			1	
76				1
77				1
78				1
79				1
80				1
81				1
82				1
83				1
84				1
85				1
86				1
87				1
88				1
89				1
90				1
91				1
92				1
93				1
94			1	
95				1
96				1
97				1
98			1	
99				1
100				1
TOTAL IND.			↓	
TOTAL DEP.		←		←
TOTAL CLAIMS	████████	████████	████████	████████

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/9  
APPLICANT(S)

**FILING DATE**

## **CLAIMS**